DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14289 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Doy Year 2b. HOUR (Type or Print) ESTI-Poge PM DEATH MATED deloy and 3 IF UNDER 24 HRS 6. AGE (In years 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD 2d. HOUR and MONTHS HOURS MIN. Day 5 M3. 1:10 30-1904 Year 1068 7o. 8IRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Orm country) WIDOWED F Give Pages ofter death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE R.D. I. Riverview Stores 13b. COUNTY Kton YES NO V 24 hours pencil in Item offer and 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Boyer Ross haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT. ADDRESS be executed within (Yes, no, or unknown) (If yes give war or dates of service) Charles Baldwin husbans <u>=</u> .⊆ APPROXIMATE INTERVA within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gove rise to immediate couse (a). certificate should execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO 7 pe OL 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year 3 should HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held on Autopsy . Inspection | Inquiry V and in my opinion Natural causes Accident . Suicide deoth resulted fram: Hamicide Undetermined manner D edse CHIEF MEDICAL EXAMINER prior t ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Burial Siloam Cem. Booths Corner 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATU 1968 VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

#889F the stand live to the stand live to the stands of the stands A CONTROL OF THE PARTY OF THE PARTY OF THE SERVICE OF THE SERVICE

	1 7 9 0 DIVISION OF VITAL RECORDS, 301/W, PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14290
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
is ta	(Type of Print)  Wilbert WILL/IAM LEE BALDWIN  OF ESTI-  DEATH MATED 10	2 1968 7:30
572 5	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years   IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d. HOUR
원 등 등	Male Colored AUG. 7,1936   last birthday) MONTHS DAYS HOURS MIN. Month Doy Oct. 2	Yeor 1968 7:30%
Depart	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	·/ΨΟ (/ ÷ 5)(/8
C E O	country) GEORGIA () SA WIDOWED DIVORCED Cecil	hAA
Pages Viin Tor	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
e ( )	Elkton give_street oddress) during master working life_even if retired.)	INDUSTRY OUN &
after 8. Giv alang with th	13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	71.00.11
KI TE W Q O O	odmission) STATE Florida DADE Miami YES NO 1061 N. W. 62r	nd St.
I haurs a litem 18. Office al land 2 w after dec	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 haurs in Item 1 r's Office ss 1 and 2 rs after c	CHARLIE BALDWIN GNNIE MAY	
hin 24 ncil in niner's pages haurs	166. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wor or dottes of service)  ADDRESS  ADDRESS  ADDRESS	
rauld be executed within 2 ward "pending" in pendil is the Chief Medical Examiner rial-transit permit. File pages any event within 72 haur	(Yes, no, gruphnown) (If yes give war or dates of service) - CHARLIE BALOWIN - REYN	
be executed "pending" in ilef Medical Es ansit permit. Fi	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed e ward "pending" in the Chief Medical E urial-transit permit. F in any event within	PART I. DEATH WAS CAUSED BY: Injuries	
e execution pending ef Medic	DUE TO, OR AS A CONSEQUENCE OF	
be "p "p hief ansi	Conditions, if ony, which gove rise to immediate couse (a), (b)	
vard ward the Ch rial-tro	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	A CONTRACTOR OF THE PARTY OF TH
shauld be en to the ward "per to the Chief burial-transit din any ever	lost. (c)	
~ <del>-</del> − 0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
s certificate e, writing th farwarded t i used as a emaval, and	816.3	
certil , writ arwar used mava	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES NO
		em 1B.)
INER: 1 shauld b shauld b files. 3 shauld	CAUSE OF DEATH 0:10 XX 10 2 19 68 Rear end collision	
	1 10 10 10 10 10 10 10 10 10 10 10 10 10	County Stote
	at work At work At work At work Road J.F.K. Memorial Highway Elkton	Cecil Md.
o DEPUTY SICAL E. necessary, please executhe funeral director. Pag 5 may be retained far o FUNERAL DIRECTOR: Flealth prior to burial,	22a. I certify that I taak charge of the remains described above, held an Autopsy 🟋 Inspection 🔲, Inquiry 🗀	, and in my opinion
bu bu	death resolved fram: Natural couses , Accident XX Suicide , Homicide , Undetermined monner	
please director retaine.	CHIEF MEDICAL EXAMINER	
ola cal	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER XX 22b. DATE	SIGNED
Sary Sary Sary MER	EXAMINER'S DEPUTY MEDICAL EXAMINER	t.2, 1968
o DEPUTY  necessary, please e: the funeral director. 5 may be retained o FUNERAL DIRECTOR Health prior to bu	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
0 g + 2 0 x	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote) (
	DUNIAC OCI.S, 1188 11EW PROUDENCE ILCYNOCOS	GEORGIA
V/D A 15145 (51	24. FUNERAL DIRECTOR  ADDRESS ELLETON  250. REGISTRAR'  25b. REGISTRAR'S  ADDRESS ELLETON  ADDRESS ELLETON	
VR A15ME (5) 10M REV. 1/68	PIPPIN FUNCRAL HOREE Knowledge IVId DATE OCT 4 1968 JOLO	was Judge

MARYLAND STATE DEPARTMENT OF HEALTH

TARSON 100 - 100 1 100 M. Company

16851 the way of the second of the second of the AVER THE STATE OF THE BUILDING WEST WEST OF THE PERSON OF THE SECOND SECOND SECOND SECOND IN THE SECOND SECOND IN THE SECOND SECON , = --0: TO SECURE TRANSPORT DESCRIPTION The state of the s MAKTLAND STATE DEPARTMENT OF HEALTH

14292	- N 107	nua en san el	SALVACE MALIA SIC NO.	54.5	4 ~ 4
11880 T 827- 02		A April			
	THE XIE	Terror			01
	Ulifon a				
		and de la fala			4
		CF 22km stock		era Balleria de la California	
No fine to	equito "	(1)	April	in Scholing	
		saleran av 250			
			· .		
					7
AMOOK No. 1 61		102 22			
AMOUNT TO SE	.116	12 700			
ABBOOK SECTION SE	.72027.00	12 700			

1/-				14284 D	IVISION OF VITAL RECOR	OS, 301 W. F				LAND 21201	14293	
/	2 2		1 DE	CEASED-NAME First	Middle	CERTIFI	Lost		. DATE OF DE		11000	2b. HOUR
	er deoth	ofter deoth.		ype or print) LEWI		E	ENSON	20	. DATE OF DE	Month 10 Day	24 Year 68	12:00
	hours after deoth	s ofter	3. SE	X Male	4. RACE White		S. DATE OF BIRT	TH 3-96	6.	AGE (In years last birthday) YRS.		IF UNDER 24 HRS. HOURS MIN.
		Spon	7a. E	BIRTHPLACE (State or foreign try)  Maryland	U.S.A.	8. MARRIED WIDOWED	NEVER MARRI	LU LA	Ceci			Md.
100	within 24 tely filled in	right 33		ITY OR TOWN OF DEATH erry Point	11. NAME OF HOSPITAL O	R INSTITUTION (If	not in haspital	12a. USUAL OC	CUPATION (K	ind of work done	12b. KIND OF BI	
- E	on executed within 24 and completely filled in page corbon page.	event, 1	13a.	USUAL RESIDENCE (Where deceased ssian) Maryland			R TOWN 13	d. Inside City Limits?		7 S. Ada	ms Stre	et
	be exe	lin ony	14. F	ATHER'S NAME First	Middle Lor William Be	nson	S. MOTHER'S MAID	DEN NAME First	Mar	Middle y Smit	th	Last
	ificote nysicion	al, ond		WAS DECEASED EVER IN U.S. ARMED es, na, ar waknown) (If yes give wor o	FORCES? r dates of service) 16b. SOCIAL SECUR 215-48		INFORMANT VA Hospi	ital rec	ords.	Address		
	e death certificate be attending physicion appropriate place.	rremov		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ane cause per line far (a), (b), and	(c).)	nia, bil				APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
	The law requires that the death certificate be executed ottending physicion.  The physicion and complete on signed by the attending physicion and complete on the hirrors the permit.	buriol, cremation, or removal, and in any event, within		492 X Canditians, if any, which gave rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE (b) Chron	of ic Lung			nary E	mphysema)	Yea	rs
	equires that the physicion. signed by the buriol-tropsit of	iol, cre		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE							
	w required physical signification of the physical signification of	to bur	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CALC	ification of Ac	rtic Va	lve with	Aortic	Steno	sis		
	The lay	th prior	CERTIFICATION	19a. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WA		20a. AUTOPS	NO 🗌	CAUSES OF			TIFYING
	ICIAN: pital ar tificate	of Heal	MEDICAL CES	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. Manth Day Y P.M.	21c. F ear 19	IOW INJURY OCCUI	RRED (Enter natu	re af injury i	n Part I ar Part 2, i	Item 1B.)	
	PHYSI he hosp this cer	Dept.		21d. INJURY OCCURRED 21e. PL	ACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.				City or		Caunty	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar ottending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, and 3 should be detached for use as the birging-ton.	the State		22a. I certify that (I) (this saw, the decession above, s	haspital) attended the deco	ased fram_ kxt*xxxar he bady after	Aug. 30 and that in (Kny) death.	, 19 <u>.35</u> ) (aur) apinian	, ta <u>OC</u> death acc	urred on the do	ite and havr a	nd fram the
	OR ATI be retail	ed with		22b. SIGNATURE	Mooney	M DE	ATTENDING			22c.	DATE SIGNED LO-27-68	
	FO HOSPITAL Page 4 may to FUNERAL D	ld be fill	1	22d. PHYSICIAN'S NAME (Type) A. L	. MOONEY, M. D.	1	-	Mospita	1, Pe	r <b>ry</b> Poin	t, Md.	
	Page To FUN	Shoul			30/68 Roc		Cemete:	ry	Rocky	(City or Town) Ville, Mo		(State) ryland
	VR 30M	A15 (4) S REV. 1/68	24.	funeral director Tyson Wheeler	Funeral Home	1331 K	ock. Pil	So. REC'D BY REG Ke OCT 3	O 196	25b. REGISTRAR'S		ye

1		Add to Their st		, , , , , ,
2.0 1 26 65 1		KOLERED	and the same	
	27 34	on Charles		v_alt
	10,000			de la contraction
		not fer whalm		Porre Point
touris struct.		- ellivaced		
	0.00	cospi tres	med 100 1 21216	
		6,1 <u>0                                    </u>	ب بادر ع	1,01
	fore	edaria "nimennen	moi shots:	
	min noba piuro	. roit evis. si	dance to rotate office	
		20.		
gx Co a +s	.7 <u>6.1</u>	2.44	er it make a com Later of the second of Later succession of the	
50-12-0E				
. bill dates	Limit, Institu		st	.11

•

/ 1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
1/	14285 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 4 9 9 4
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14294
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth	Day Year 2b. HOUR
1 e o is	(Type or Print)  Russell Milburn Boddy DEATH MATED 70-	1- 1968 AIBM
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d. HOUR
delay and 3.	lost birthday) MONTHS DAYS HOURS MIN. Mageth Days	Year 1:15
2,5	Male Colored May 15 1896 72 YRS.	19 6 81 PM
	7a. BIRTHPLACE (State or fareign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
after death  8. Give Pages 1, alang with form with the State De leath.	Windows of Death II NAME OF HOSPITAL OR INSTITUTION (If not in baseign   120 UISAL OCCUPATION (Vind of work done)	Md
Page Hith Story		12b. KIND OF BUSINESS OR
de de la maria dela maria dela maria dela maria dela maria de la maria dela	Elkton give street address) during most of working life, even if retired.) Railroad Laboer R	et. Railroa
s after death 18. Give Page s alang with 2 with the Sta death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18. 18. 2 w	odmission) STATE Md. 13b. COUNTY Cecil Conowingo YES NO NO R. F. D.	
24 haurs in tem 11 rs office 25 Yand 2 rs after d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
== 2 7 5	Clarence Boddy Clara	
hin 24 hiner's haurs	Clarence Boddy Clara  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Black
重	(Yes, no. or unknown) / (If yes give war or dates of service)	
be executed within "pending" in pending hief Medical Examine ansit permit. File page event within 72 have	No 717-07-5645 Mrs. Florence Henry Conshol	hochan Pa
be executed "pending" in nief Medical E ansit permit. F event within	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
ecur ing edic edic	IMMEDIATE CAUSE (0) Attoris elevatic Heart Disesse	resus
ex end Me t p	4/29 DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe inef insi	Canditians, if any, which gave rise to immediate cause (a), (b)	ATT SOLUTION
uuld vard ne Ch al-tro any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	The state of the s
shar the uria	last.	
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in period-inshauld be farwarded to the Chief Medical Examiner's files.  3 shauld be used as a burial-transit permit. File pages lation, ar remayal, and in any event within 72 haurs	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
flicating ded as as a	4200	
is certific te, writin farward farward e used a remaval,	190. DATE OF OPERATION 194. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	20. AUTOPSY?
his certificate, writing farwar. The farwar be used to remayal	WAS PERFORMED?	YES NO Z
This icate be be d be ar re	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Ite	
tifical In the Indian	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	m 18.)
INER: he certif shauld files. 3 shaul	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f LOCATION Street or R.E.D. No. (ity or Town)	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while not will not not will not not will not not will not	County State
JICAL EXAMINER: This can be execute the certificate, can care the certificate, care. Page 4 should be failed for your files.  ECTOR: Page 3 should be unbrial, crematian, ar rem	AT WORK AT WORK	
JUTY SICAL EXA  Day, please execute heral director. Page be retained for you  RAL DIRECTOR: Page  prior to burial, cre	22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection Inquiry	and in my apinian
ex e ex CTO de f	death resulted from: Natural causes A Accident , Suicide , Hamicide Undetermined manner	
please e I director retained DIRECT	CHIEF MEDICAL EXAMINER	
ple diple	ACTUAL CONTRACTOR AND ACTUAL CONTRACTOR ACTUAL ACTUAL ACTUAL ACTUAL CONTRACTOR ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACT	IGNED
EPUTY SICA Starty, please e funeral director by be retained in NERAL DIRECT the prior to but the prior to bu		2-1-68
DEPUTY scessary, e funera may be FUNERA	NAME (Type)  ADDRESS (Street, city, town, or county)	7-60
a B a E B	1.111134 2. 044000.	15
01 + 20 H	REMOVAL (Specify)	(Caunty) (State)
	Rurial 10-5-1968 Mt. Zoar Meth. Cem.   Conowingo Ce	ecil Md.
	247 SUNTERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 255. REGISTRAR'S S	IGNATURE
VR A15ME (5)	Emon Ell Wfullon Rising Sun MATE OCT 7 1968 Ichan	May Judge.

1429F annie selembie en an an annie an ance selembie CARLES AND THE STATE OF THE STA 

MARYLAND STATE DEPARTMENT OF HEALTH

ns oder it		nyagii	4 magazar 4	Ani
			white.	a some
	2 390			.w.
5.40	6.1/A. V.I. 3/A	il . sail to	nd i dan dada n	A. B. Prince S. B. M.
		ci =	ion	
nonded	in the second	200000		a solution
	u. Toxud	Rollow, L	3.0	
4.1				
100 100 100 100 100 100 100 100 100 100				

This structure is a first of the property of the second structure of the secon 14226 this of members . It is the morney as . I. S. Its muse a minimum 

	1	4288	`•	DIVISION OF	VITAL RECORDS,	301 W. PR			MORE, M	MARYLAND			
ī	DECEASI	D-NAMF	First		Middle	CERTITICA	Last	LAIII	2a DATE	OF DEATH		4297	2b. HOUR
ľ	(Type o		Keni	neth	Jerald	F	LZIE			Octob	th Do	2 19	
3.	SEX	75.10.25		4. RACE			. DATE OF BIRT	H		6. AGE	In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Male			Negro		May 23	, 192	6	last bi	rthday) YRS.	MONTHS OAY	S HOURS MIN.
7	o. BIRTH	PLACE (State or f	foreign	7b. CITIZEN OF WH		8. MARRIED	NEVER MARRI	ED S	9. COUNTY	OF DEATH			
C		field.M		U.S.	Λ.	WIDOWED			CE	CIL			Md.
	Pe	r town of dear	int	give	ME OF HOSPITAL OR IN Preet address) HOSPITA	L		12a. USUAI during ma	L OCCUPAT st of wark Mai 1	ION (Kind of ing life, ever Cler	work done if retired.)	12b. KIND INDUSTRY Dept	OF BUSINESS OR Labor
13	Bo. USUA dmissian)	Dist o:	here deceose	LASE COUNTY	on: Residence before		,	d. INSIDE CITY LIM	AITS? 13e	. STREET AND	NUMBER	eld Pl	NW
_			irst COL	Middle	ne	Dist	MOTHER'S MAIL			LUJ D	Middle	ord PI	Last
			ames	(unk)			MOTHER STRAIL	Eliza		(	none)	p	Bowman
1		DECEASED EVER	IN U.S. ARMI	FD FORCES?	16b. SOCIAL SECURITY		FORMANT		5 041		Address	1	V WILLIAM
	Yes, no	, ar unknown) <b>es</b>	WW	r or dates of service)	219-14-4	770	A Hos	ital	Reco	rds.	Perry	Point	Md.
100000000000000000000000000000000000000	rise stati last. PAR 5	DATE OF OPERATIO	hich gove couse (o), ing cause	(b)  DUE TO, OR A  (c)  DITIONS CONTRIBUT  ONDITION FOR WHI	S A CONSEQUENCE OF Hepatic is a CONSEQUENCE OF Laennec ING TO DEATH BUT N	soc nsuffi s Cirr OT RELATED TO RFORMED	ket ciency hosis THE TERMINAL I	with  of Li  DISEASE ORCC  Y?  NO   NO	Hepa	Sever SIVEN IN PART D. IF YES, WER	e I(o) EE FINDINGS	CONSIDERED IN	CERTIFYING
	₹ □ 0	ACCIDENT WAS CONTRIBUTING  ther, natify med	CAUSE OF DEATH	HOUR A.M.	Month Day Year		V INJURY OCCUI	RRED (Enter	nature of	injury in Part	1 or Part 2,	Item 18.)	
4450	Whi	INJURY OCCURR	ED 21e. (	PLACE OF INJURY (	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LOC				City or Town	2 . 19	County	State
		causes stat	ed abave	(we) (did) (	nded the deceas	XXXX and bady after de						ate and hau	ur and fram the
	22d.	PHYSICIAN'S NAME (Type)	L. L.	MOONEY	1111	), DEGRE	22e. ADDRE	255	ED. RECTOR [		XX	10-2-6	
2	3a RIIP	AL, CREMATION,	23b. D			CEMETERY OR C		HUSPI		ATION (City o		nt, Md (County)	(State)
1	BEM	OVAL (Specify)		-5-1968		Memoria		erv		tland			(5.2.0)
2	4. FUNE	RAL DIRECTOR			ADDRESS	1	2	Sa. REC'D BY	REGISTRA	R 2Sb.	REGISTRAR"	S SIGNATURE	
ĺ	m	· lama d	Llas	and a	424-R.	Stm.4	/. 1	DATOCT	4 1	1968	your	rles In	de

Teration of the sale and the sa		
218 0ctober 2 195812:5	Liensi	1.00 1.12 - 2
sy 1928 . 1928	ik	Wale
lioas	. A.	u.su.u.u
active to the colors of the colors and the colors are colors and the colors are colors.	VA (108) ITAL	tatol yave i
Col N 1209 and find the N	20 3017 500	.100 to tur
narwoil (mon) disdesil	15.	James (u
Mospite & Records, Perry Point, No.	N 0220-VI-073	IL WELL
ensy with Hepatia Communic of Liver, Savere		
XX		
Straker of Got. 2 68 Kakerka		V.X.X
38-2-0 <u>f</u> cc	I MY HANG	onf J D
Va designa, rerry plant, S.	TE, AVD.	NOUN . L. HUOR
		Company Tapes

VR A15 (4) 20M 5-63

IS RESIDENCE ON A FARM YES NO

Year

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stete)

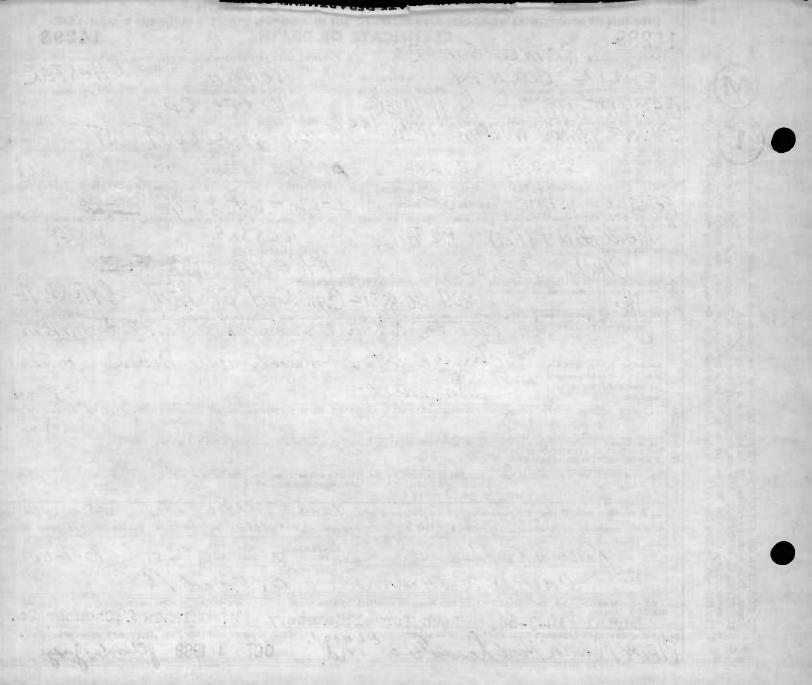
22b. DATE

SIGNED

YES

(County)

1968



7 1	STATE DEPARTMENT OF HEALTH	201		
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:  14290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1	4299	
HEALTH DEPT.		KNOWN Month	Doy Yeor	2b. HOUR
	(Type or Print)	ESTI- MATED 10	6 168	5:45
Pog Pog ent c	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE F	PRONOUNCED DEAD	0 .00	2d. HOUR
ny delay is 2, and 3 to PM3. Page	Male White 3-21-47 lest birthday) MONTHS DAYS HOURS MIN. Month	October	6 Year 1968	5:445
2, 2, P	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DE			
L mod	country) N. J. Cl. S. A. WIDOWED DIVORCED	Cecil		Md.
hours ofter death tem 18. Give Pages 1, Office along with form 1 and 2 with the State De ofter death.	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)  120. USUAL OCCUPATION during most of working l		12b. KIND OF BUSI INDUSTRY	NESS OR
er de ive ig w	Big Elk Creek / Union Hospital 5700EN	T AND NUMBER	SCHOO	24
s ofter 18. Give olong to olong death.	admission) STATE 17h COUNTY		4	
hours of Item 18. Office old offer dea	New Jersey   Fair Lawn   YES   NO DE   350	03 Gardenv Middle	Lost	
14 hours In Item Is Office Is Iond 2	SAMUEL P. FENSTERSTOLY ROSE R	D -	wit	7
hin 24 noil in mer s pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS F	41R LAU	M
within n pencil Exomenet File page	(Yes, no, or unknown) (If yes give war or dates of service) - SAMUEL FENSTERS	TOCK	1V.J.	
ed vin	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	N NOT THE	APPROXIMATE BETWEEN ONSET	
be executed "pending" in hief Medical E onsit permit. F event within	PART I. DEATH WAS CAUSED BY:  Craniocerebral injuries  Craniocerebral injuries	HERMAN CAL		
e ex benc if M sit p	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )			
d bed ''  Chie fron	rise to immediate couse (o), (b), (b), (c)			-
should e word o the Ch ourial-tro in any	stating the underlying couse DUE TO, OK AS A CONSEQUENCE OF			
EXAMINER: This certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" in fencil in Item 18. Give Poge or. Page 4 should be forworded to the Chief Medical Exontariers Office olong with 1 for your files.  TOR: Page 3 should be used as a burial-transit permit. File peges 1 and 2 with the Staurial, cremation, or removal, and in any event within 72 hours ofter death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1(o)	1	
KAMINER: This certificate to the certificate, writing the yet 4 should be forworded to your files.  Oge 3 should be used as a book or removal, and	X)24			
wri wri rwo nsed	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	- 20 10	20. AUTOPSY	?
his ote, e fo be u			YES	NO 🗌
	210. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING 5:00 STAN. 10 6 1968  21c. HOW INJURY OCCURRED (Enter noture of injury Delivery Month, Doy, Yeor PRIMARY OF ONTRIBUTING 5:00 STAN. 10 6 1968  Believed to be passer			
NER NER Schoul Filles.		orlover gua		Stote
AMI the the our gee	WHILE NOT WHILE AT WORK AT WORK AT WORK Street Rt 273 Vic. Big Elk (			Md.
L EXAM ecute th Page 4 or your R:Page	22a. I certify that I taak charge of the remains described abave, held an Autapsy XX Inspection			
y, pleose execute the certificated director. Page 4 should be retoined for your files.  AL DIRECTOR: Page 3 should prior to buriol, cremotion,		termined manner		аринан
pleose direct retoine retoine or to k	CHIEF MEDICAL EXAMINER			
ry, please e erol director be retoined RAL DIRECTOR prior to bu	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER [2]			
DEPUTY  Cressory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth prior to buriol, cremental prior to buriol.	EXAMINER'S DEPUTY MEDICAL EXAMINER  APPROXIMATION OF THE PROPERTY OF THE PROPE		ber 6, 19	168
ro DEPUTY necessory, the funero 5 may be ro FUNERA Health pr	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or cour 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION		(County) (S1	ote)
	MEMOVAb(Specify)	Cownship. I		_ ′
REMOUAL	24. FUNERAL DIRECTOR  ADDRESS ELUGAY 250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S		100 4
VR A15ME (5) 10M REV. 1/68	PIPPIN FUNERAL HOME Landy Morde NIC DATE OCT 9 15	168 golia	wees Jud	ge
The second secon				

@ssal 3 1 2 34 1 2 5c 1 (3 .157 Call 2 or 100 and 100 may as several from the second of the second of

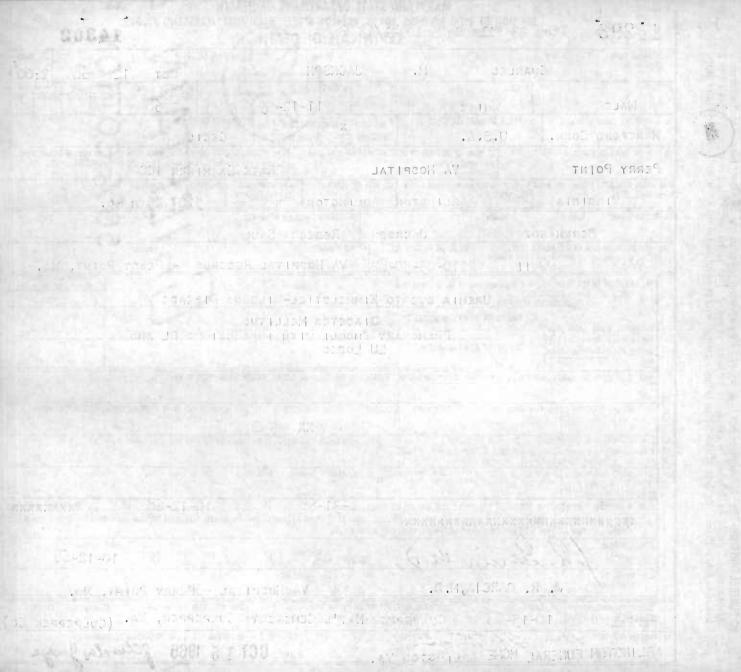
3	-MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4300
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20. DATE KNOWN Manth D	Day Year 2b. HOUR
oy is 3 to Page ent of	(Type or Print) Henry Adam Glaeser OF ESTI- DEATH MATED 10-2	21 1968 P. N
ny deloy 2, and 3 t PM3. Pag partment	3. SEX 4. RACE 5. DATE OF BIRTH 9-1897 6. AGE (In years least birthday) MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD Manth 10 Day 21	Year 1968 2d, HOUR
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) DIVORCED DIVORCED	( )
deoth Poges 1, with form	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 11)	2b. KIND OF BUSINESS OR
	E) ton give street oddress) Union Hosp. during most at working life, even if retired !!	Home Decon.
hours offer teem 18 Girls 10nd 2 with offer deoth.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	INGTON ST.
	14. FATHER'S NAME First Middle Class IS. MOTHER'S MAIDEN NAME First Middle Middle	Hish
hin ncil nine page hou	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 222-12-4675 Dorothy Glaeser (Wise), Rid.	2, E) Liton Md
ted with the all Exartit. File hin 72	18. CAUSE OF DEATH (Enter only one couse per lige far, (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E onsit permit. F event within	IMMEDIATE CAUSE (a) ATTENDED TENDER CATALONAS CALAR DISEASE	Unk.
be e "pen "pen iief A	Canditions, if any, which gave (b) (b) (b)	
This certificate shauld be cote, writing the word "per be forwarded to the Chief be used as a burial-transit or remayal, and in any even	rise to immediate cause (a), stoting the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF	
s certificate slavaring the forwarded to used os o bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
vertificat writing rwarded rsed os c	2 (A. DAY OF OPERATION LIAL CONDITION FOR MULICIL OPERATION	Too AUXODSVO
This certificate, writible forward be forward be used or remayal	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2. Item	20. AUTOPSY?  YES NO ID
# 7 9 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING Part 1 or Port 2, Item HOUR A.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street)	
	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At hame, farm, street, while at work at work at work and work and work and work at work and wo	County State
ICAL EXA Execute tor. Page ed far you CTOR: Page buriol, cre	22a. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry	and in my apinian
JIY SICA Ty, please er erol director. be retained RAL DIRECTOR	death resulted fram: Natural causes 🖳, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍	
y, ple erol dil	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE SI	GNED
TO DEPUTY DICAL EXAM necessary, please execute the funerol director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, cren	EXAMINER'S NAME (Type) John M. Byens, M.D. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE	-22-68 ston. Md
the the Hee		(County) (State)
	BURIAL 10/24/68 KIVERVIEW CEMETERY WILMINGTON 1.  24. FUNERAL DIRECTOR  ADDRESS 2700 WISH, ST 250. REC'S BY REGISTRAR 25b. REGISTRAR'S SIGNED ADDRESS 2700 WISH, ST 250. REC'S BY REGISTRANCE ADDRESS 2700 WISH, ST 250. REC'S BY REC	C. DELAWARE
VR A15ME (5) 10M REV. 1/68	albut 9. We here, Or WILM, DEL. DATE OCT 28 1968 golion	
TOTAL NETT TOO	the state of the s	

MAKTLAND STATE DEPAKTMENT OF HEALTH

ere i j				
e little et anditable	gallere'		n leaf	
	30-31-5		yi .	1
41912	X SPAREST W		4.8.0	WEST LINES
	#41 (420)			Petro Pour
18 Western March 1870	THOM I THOM I THE			4.4×6/4
	AK 1	er is it.		
	e imam to\w ≠ino			
MEXX		лих жинения	z nilaz yang	
84-42-23 A				
	sael AV		esse f(Y	

I	. DECEASED-NAME First		Middle		E OF DEAT		TE OF DEATH		2b. HOUR
	(Type or print)	CHARLES	М.	JAC	KSON		Month OCT	12 68	2:00
3	. SEX	4. RACE	8 401	S. I	DATE OF BIRTH	37	6. AGE (In years lost birthday)	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
ŀ	MALE	WHITE			11-12-9		68° YR	5.	
ľ	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		MARRIED 🔀	NEVER MARRIED DIVORCED		ECIL		Me
3	O. CITY OR TOWN OF DEATH PERRY POINT	11. NAME give stree	OF HOSPITAL OR INSTITU	TION (If not in			ATION (Kind of work donorking life, even if retired. AMINER ICC		BUSINESS OR
i	30. USUAL RESIDENCE (Where deceoded deceoded mission) STATE RGINIA	ed lived, if institution:		ARLIN	WN 13d, INSIDE C		3e. STREET AND NUMBER 5107 25TH		
	4. FATHER'S NAME First	Middle	Lost		OTHER'S MAIDEN NAM	E First	Middle	IND	lost
	BERNHAR	RDT	JACKS		REBECCA S				
1	160. WAS DECEASED EVER IN U.S. ARA	unr or dates of conuce)	b. SOCIAL SECURITY NO.	17. INFO		- 0.	Address		7000
-	Yes, no, or unknown) (If yes give w	V II	110-05-50-8	32 V	A HOSPITA	L RECO	RDS - PERR	POINT,	
1	1B. CAUSE OF DEATH (Enter or			3					ONSET AND OEATH
ı	PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (0) URE	MIA DUE TO	KIMME	LSTIEL-WI	LSONS	DISEASE		
ı	3509		CONSEQUENCE OF	DIABE	TES MELLI	TUS		10.76	
1	Conditions, if only, which gove rise to immediate couse (a),	(b)				NEARCT	TONS RL AND		
1	stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF	LU LOB	ES				
1	PART 2. OTHER SIGNIFICANT CO	(c)	C TO DEATH BUT NOT P	ELATED TO TH	E TEDMINAL DISEASE	OPCONDITION	CIVEN IN PART 1(a)		
1	1260x	ADITIONS CONTRIBUTION	O TO DEATH BUT NOT K	LLAILD TO TH	E TERMINAL DISEASE	OKCONDITION	OFFER IN FART 1(0)		
1	196. DATE OF OPERATION 196.	CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED	20o. AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
ı	III				YES KX NO		CAUSES OF DEATH?		
			JURY Month Doy Yeor	21c. HOW	INJURY OCCURRED (	nter noture o	of injury in Port 1 or Port	2, Item 18.)	
	(If either, notify medical exami	ner) P.M.	19	\\ a_14 \ \ = 2 \ \			<i>C</i> : 7		61.1
	While Not while of work		HOME, FARM, STREET, FACTORY, FICE BUILDING, ETC.	THE P			City or Town	County	Stote
	22 - 1 + if . + h - + / Nr / Ah	is haspital) attend	led the deceased t	ram_8-	31-68, I	9, t	10-12-68,1	9, tha	K(X)X(WE)XX
	xww.khexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	e, (I) (we) (did) (di	XXXXXXX 19 — d nat) view the bad	, and the yafter dea	at in (my) (aur) th.	apinian de	ath accurred an the	date and havr	and fram th
	22b. SIGNATURE	ya.	Wa )		ATTENDING	MED.	STAFF C	c. DATE SIGNED	
	22d. PHYSICIAN'S	Buruch	way,	DEGREE	PHYS. LJ	DIRECTOR	PHYS.	10-12-0	
1		R. GARCIA	M.D.			SPITAL	- PERRY Po	INT MD	
F	1	DATE	23c. NAME OF CEM	FTERY OR CRE			OCATION (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	0-15-68	CULPEPPI	ER NAT	L CEMETE		LPEPPER, VA		PPER CO
ŀ	24. FUNERAL DIRECTOR	-119	ADORESS			D BY REGIST		S'S SIGNATURE	
		AL HOME AF				OCT 1	5 1968 gc	ionles of	

MARTLAND STATE DEPARTMENT OF HEALTH



5.2	14294 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  14303	
2 hours after deoth.	ASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HO e ar print) MIJO JAKSETIC OCTOBER 19 1968 4:15	
3	4. RACE S. DATE OF BIRTH Male White S. DATE OF BIRTH May 23, 1898 6. AGE (In years le UNORT YEAR IF UNDER 24 MONTHS ONYS HOURS) MONTHS ONYS HOURS	HRS.
	THPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH    Austria   Austria   WIDOWED   DIVORCED   Cecil    OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital   12a. USUAL OCCUPATION (Kind of work done   12b. KIND OF BUSINESS OF	Md.
Ī	ry Point give street oddress) Administration during most of working life, even if retired.) INDUSTRY unknown  UAL RESIDENCE (Where deceosed lived, if institution: Residence before on) STATE  ON) STA	
3	Pittsburgh YES x NO 3624 Butler Street  HER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last	
	Janko AS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) WW I  170-38-6564 VA Hospital records, Perry Point, Md.	
	APPROXIMATE INTERVAL BETWEEN OMSET AND OBEA  BETWEEN OMSET AND OBEA  APPROXIMATE INTERVAL BETWEEN OMSET AND OBEA  BETWEEN OMSET AND OBE	
	DUE TO, OR AS A CONSEQUENCE OF STENOSIS OF AORTIC VALVE  (c) ARTERIOSCLEROSIS, GENERALIZED.  ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
1	20. AUTOPSY? YES NO  200. AUTOPSY? YES NO  200. AUTOPSY? YES NO  200. AUTOPSY? YES NO  200. AUTOPSY? CAUSES OF DEATH?	
	O. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)   19   19   19   19   19   19   19   1	
	1d. INJURY OCCURRED VALUE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. City or Town County Star Work of wark	
	20. I certify that (I) (this hospital) attended the deceased from August 2 , 19 25, ta October 1919 68 , 知识代码 (本語 sew-the-deseased-abaye. (We) (did) (知识 ) (did) (知识 ) (our) opinion death occurred on the date and hour and from causes stated abave, (i) (we) (did) (知识 ) (view the bady after death.	1 the
	22c. Date Signature  ATTENDING MED. DIRECTOR STAFF NOT 10-22-68  22c. ADDRESS  22c. ADDRESS	
1	NAME (Type) A. L. MOONEY, M.D. VAH., PERRY POINT, MARYLAND.	
~ }	EMOVAL (Specify) 10/2:5/1968 Galta National em Scattania Mal	
68	Antagrate Son Funeral Home, Havre de Grace QCT 2 8 1968 Charles Judge	

MAKYLAND STATE DEPARTMENT OF HEALTH

16303	STAND TO LEAD THE		
is deji di sawaa	ONYS ALMA		5101
		63166	9.12
1039		edina regarders reference	
		4835V	\$82.01 1.14e
Secretary to the state of the	The months of		
			o lest
.00.001	audit koncil kir võet	- 2 120-26-5	
Marie Langue	E. Alloy 2 . Algoret		
	The state of the s		
Minime Street House L	1.7 () 12 ()		
50-22-01			10
(Y 20117, 1887, 171.			
See 1913 - 20 and Carlotte	130		The second second

1 (2)			DIVISION				AKIMENI U NI STREET RA	IF MEALTH ALTIMORE, MAR	YIAND 2120	11		
FOR STATE		14291	)					E OF DEAT			14304	
HEALTH DEPT.		ECEASED-NAME	First		Mid		Lost			NOWN Month	Doy Yeor	2b. HOUR
is ge of	(	Type or Print)	MAR	v	IRENE		JACOBSON	I	OF	ESTI-		87:00
nt Po 3 y	3. 5	EX	4. RACE	S. DATE OF BIR		6. AGE (in year	IF UNDER 1 YEA	R IF UNDER 24 HRS	2c. DATE PR	ONOUNCED DEAD	7 2 17 0	2d. HOUR
ny delay , and 3 PM3. Po artment	F	emale	White	10/20/	60108	last birthday) 59 Y	MONTHS DAY	S HOURS MII	N. Month	ctober 2	Yeor	7:00
ny 2,2,	70	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WHA			ARRIED NEVER	MARRIED 7. 0	COUNTY OF DEA		100	17:00
oth bronges 1, tother	cour	Polan	3	USA				OIVORCED [	Cecil			M
to gar	10. (	ITY OR TOWN OF	DEATH	11. NA	ME OF HOSPITA	AL OR INSTITUTI	ON (If not in hospi		OCCUPATION (K	ind of work done	12b. KIND OF BU	SINESS OR
Give Pages 1, ong with foreg		E1kton		give st Un	ion Ho	spital		during mos	st of working life	e, even if retired.)	INDUSTRY	
ofter de 8. Give la along w with the eath.	13o.	USUAL RESIDENCE	E (Where deceos	ed lived, if institut	ion: Residence	before 13c. CI	TY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET	AND NUMBER		
v - C	0	dmission) STATE	Md.	13b. COUNTY	Balto	-	Balto.	YES NO	504	Woodsid	de Rd.	
hours litem 19 Office offer of the 19	14. F	ATHER'S NAME	First	Middle		Lost	15. MOTHER'S /	MAIDEN NAME FI		Middle	Los	st
		Dionzy 1	Maslinsk	i	Right	x		Zophia				
hin 24 ncil in niner's poges hours		WAS DECEASED EV	ER IN U.S. ARMED I		16b. SOCIAL SEC	CURITY NO.	17. INFORMANT			ADDRESS		Television (
I within 24 n pencil in Examiner's Examiner's File poges	- (1	No.	(If yes give	war or dates of service)	215-	50-4909	Arthur	G. Jacol	bson.50	Woodsid	de Rd. 2	1229
ed v				y one couse per lir	e for (o), (b),	and (c).)					APPROXIMATI	
d be executed d "pending" in Chief Medicol E transit permit. Fy event within		PART I. D	EATH WAS CAUSED	) BY: TE CAUSE (a)	Lacer	ation c	f the ac	orta				
Me Me		8/2.	9		AS A CONSEQU	ENCE OF						
"pe "periodical periodical period			ny, which gove	(b)								
word the Ch riol-tra		stoting the un			AS A CONSEQU	ENCE OF					ALCONO	
should be executed to word "pending" in ony event within		lost.		(c)								
a + + b		PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUTII	NG TO DEATH B	BUT NOT RELATE	D TO THE TERMINA	L DISEASE OR COND	ITION GIVEN IN P	'ART 1(o)		
ifica tring ardec	N.	816.	9			20.00				150		18
te, writin forward forward e used a removol,	CATIC	190. DATE OF O	PERÁTION	200723	19b. CONDITION WAS PERF	N FOR WHICH C	PERATION				20. AUTOPS	Y?
	CERTIFICATION										YES	NO 🗌
#		210. EXTERNAL (			NJURY Month, [	Doy, Year	21c. HOW INJURY	OCCURRED (Enter n	oture of injury in	Port 1 or Port 2,	Item 18.)	
KAMINER: te the certification of the certification	MEDICAL		CONTRIBUTING [		x 10	219 68		end col				-
The the mo	×	21d. INJURY OCC		PLACE OF INJURY (A	t home, form,	street,	21f. LOCATION Str	eet or R.F.D. No.	City or	Town	County	Stote
	3	AT WORK A	T WORK	Road				Memoria	1 Highwa	ay Elktor	n Cecil	Md.
ICAL E exect Por. Po ed for CTOR:		22a. l	certify that I to	ook charge of th	e remains d	escribed obo	ve, held an Au	utopsyXX,	Inspection [	], Inquiry [	, ond in n	ny opinion
DEPUTY  Cressory, please exerce e funeral director. Po may be retained for FUNERAL DIRECTOR: calth prior to buriol		death re	sulted fram:	Natural caus	eş 🔲, A	ccident XX	Suicide 🔲	, Hamicide [	, Undeter	rmined manner		
please e director retained or to but		· ·	M. A	1 411	110			CHIEF MEDICAL EXAM	AINER			
TY plearly, plearly, plearly prior prior		SIGNATURE _	MMI	15 11	1112		M.D.	ASSISTANT MEDICAL I	EXAMINER X	22b. <b>DAT</b>	E SIGNED	
Son une y b		EXAMINER'S						DEPUTY MEDICAL EXA			ct. 2, 19	168
necessory, particle functions of the function		NAME (Type)		ward F.				ADDRESS(Street, city,				
07 gg # 20 H 2	230	REMOVAL (Speci	ION, 23b.	DATE			RY OR CREMATORY	2	3d. LOCATION (C	lity or Town)	(County) (	Stote)
10		remation	1	10/5/6	8	Loudon	Park	las ares	Balt	more, Ma	hyland	70,-,-7
VR ATSME (5)	24.	funeral direction	101 Edm	ondson A	Ve.	ADDRESS 21229		250. REC'D BY	4 1968	25b. REGISTRAR'S	SIGNATURE	
10M REV. 1/68			7 1 0 1 DOLL		,	~ .~~/		DATOCT	4 1000	1 Francis	Land Dans	-

16364			
Maria Para	Albert Brich		
		40 1 80 W W W	
			havior
	WATER COLUMN		
	dates:		ed i lie en de lie el E event lestre encodo
THE CORP AT A CORP OF THE	Simon days 10 sunt in 18		

0	1				TATE DEPARTMENT OF				
2		41008	DIVISION OF VITA	AL RECORDS, 301	W. PRESTON STREET, BAL	TIMORE, MARYI			
		14298		CER	TIFICATE OF DEATH			14305	
4 -24		ECEASED-NAME First		Middle	Lost	2a. DATE OF OE			2b. HOUR
r death. iunerol 1 and 2 pr death	1	Type or print) FA	NNIE	J. &	TEWELL	OCT.	Manth 5 Ooy	1968	7A.M
fun er	3. 5	EX	4. RACE		S. DATE OF BIRTH	6.	AGE (In years	IF UNDER 1 YEAR IF	UNDER 24 HRS.
the state of		FEMALE	WHIT	E	JAN. 4. 18	366	ost birthday)	MONTHS DAYS H	HOURS MIN.
and Action	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO		ARRIED NEVER MARRIED	9. COUNTY OF DE			
4 E 34	cau	MARYLAND	U.S.1		DOWED DIVORCED	CECIL	-		Md.
n 2 illed pop nin		CITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL OR INSTITUT	ION (If not in hospital 120. USL	JAL OCCUPATION (Ki		12b. KIND OF BU	SINESS OR
within 24 hours after death ely filled in by the funeral bon papers. Page 1 and 2 within 72 hours after death	E	ELKTON	give street	NE NUR	SING HOME during n	HOUSEU	even if retired.)	INDUSTRY	E
	130.	USUAL RESIDENCE (Where decea	sed lived if institution R	esidence hefore 13c	CITY OR TOWN 13d. INSIDE CITY	LIMITS?   13e. STREET	T AND NUMBER		
xecuted move complete and move	aam	issian) STATE MD.	136. COUNTY KE	NT S.	TILL POND YES &	10 🗆	VONE	5.00	
executive com	14.	FATHER'S NAME First	Middle 7	Last	15. MOTHER'S MAIDEN NAME		Middle		lost
d in a		ALFRE	$\mathcal{D}$ $\cup E$	FRVIS	ELIZAB	ETH	SC	OTTEN	
onicio		. WAS DECEASED EVER IN U.S. AR (es, na, ar unknown) (If yes give	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	1511 0	Address	VO MI	
errificate b physicion nen please loval, ond i		NO_			A. EARL JEW	iell, 3	TILL POR		-
e deoth ce attending p permit. The		18. CAUSE OF DEATH (Enter of						APPROXIMAT BETWEEN ONSE	
a deoth attendir permit. ion, or re		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)G	eneraliz	ed arteriosle	rosis	559 46.0	Unkn	own
atte d		4409	DUE TO, OR AS A C	ONSEQUENCE OF					
the sit g		Conditions, if ony, which gave rise to immediate cause (a),	(b)						
tho on. by fron		stoting the underlying couse	DUE TO, OR AS A C	ONSEQUENCE OF					
equires thot thy physicion. signed by the burial-tronsit burial, cremat		lost.	(c)						
4: The low requires th or ottending physicion ite has been signed by use os the burial-tro softh prior to burial, cre		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1(a)		
w r ding een the r to	NO	4300			Les Autonom	[00] 15 15	Winner State Works	OHEIDEDED III espi	71510110
The low rootending has been se os the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OF	PERATION WAS PERFOR		CALICES OF	S, WERE FINDINGS CO DEATH?	JUZIDEKED IN CEKT	ITHYING
e he se he	ERTIF	21o. ACCIDENT WAS UNDERLYI	MC Tost Time Of INIH	nv.	YES NO		D-41 D-40 (	10)	
AN ol o ol o for for Hea		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Mo	onth Doy Yeor	21c. HOW INJURY OCCURRED (Ent	er nature at injury it	Part I or Port 2, I	rem 18.)	
SIC Spit spit ertif eed . of	MEDICAL	(If either, notify medical exam	iner) P.M.	19	ON LOCATION CALLA - DED N	Cit.	7	Country	State
OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed by the hospital or attending physicion.  **NECTOR: After this certificate has been signed by the attending physicion and compare a should be detached for use as the burial-transit permit. Then please removed with the State Dept. of Health prior to burial, cremation, or removal, and in any			PLACE OF INJURY (AFFICE	BUILDING, ETC.	21f. LOCATION Street or R.F.D. N	o. City or	IOWII	County	Sidie
de = + + 6	Н	OI WOLK OI WOLK	is basnitall attands	d the deserred f	om_12 - 28 , 19	1 to 10	~ 1 5 10	68 that (	I) (wa) last
Affre Sto		saw the deceased of	dive on 10-1	19 6	s , and that in (my) (our) or	pinion death acc	urred on the da	te and hour ar	d from the
OR: ould		couses stated abov	e, (I) (we) (did) (did	not) view the body	ofter deoth.				
OR ATTEND be retained DIRECTOR: A le 3 should ed with the 8		22b. SIGNATURE		600	ATTENDING -	MED. S		DATE SIGNED	
OR be 3e 3	П	S. Ralph	Modern	- 11 M.	DEGREE PHYS.	DIRECTOR P	HYS. U	t25 19	80
AL Poor		22d. PHYSICIAN'S NAME (Type)	1 Andraw	7 4	22e. ADDRESS 233 E.	Main Str	oot FR	Ekton.	ild.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or of Funeral Directors. After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Health		SKAL	on Andrews						
FU FU	230	BURIAL, CREMATION, REMOVAL (Specify)	DATE 27-68	- /	TERY OR CREMATORY ER CEMTY	23d. LOCATION (	City or Town) TER 78W1	(County)	(State) MD.
2-2	24	EUNERAL DIRECTOR	1-40	ADDRESS -	25a. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S		7 11103
VR A15 (4) 30M REV. 1/68	24.	The TAKE	and a		LIN MATERIAL	T 2 8 196	8 Pelia	Man Oud	af
55		vaccoc VI,	X	0,1-0/6	DATE DATE				

14305 CALL TRADES AND DATE THE WAR A CANDEST OF STREET AND A CAND COLOR OF STREET The second secon

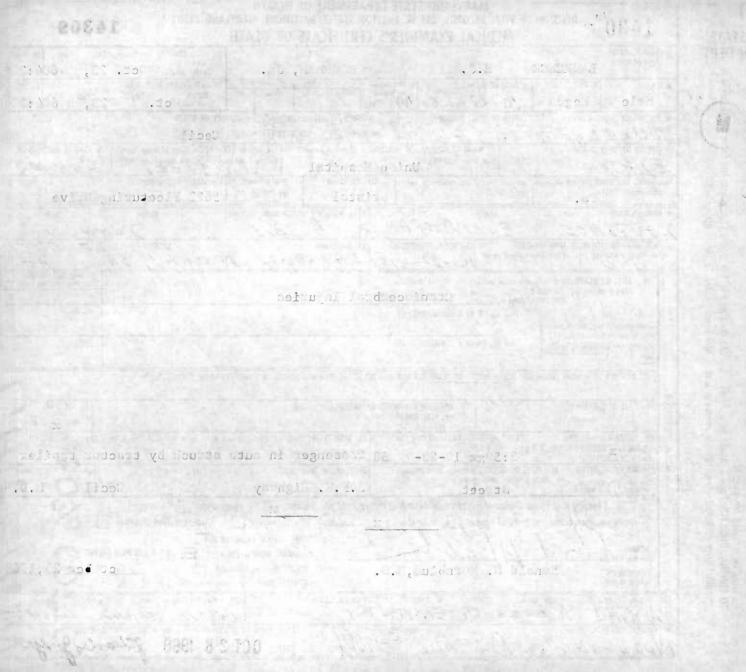
		1	MARYLAND STATE DEPARTMENT OF HEALTH	
		-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	306
	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	HEALTH DEPT.			ay Year 2b. HOUR
	3 to 20 is		DEATH MATED 10-	19 1968 M
		3. 5		Year 2d. HOUR
	and artm		The state of the s	Year 1968 3:35
4	- C		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	121
1	for the		WIDOWED DIVORCED DIVORCED	Cil Md
	death with far with far	10.	give street oddress) 7. The S. Alama during most of working life-even if rether I.N.	2b. KIND OF BUSINESS OR
	P # 97		Do. An orien House of texas	OUN HON
	I haurs after de Item 18 Give D Office along w I and 2 with the after death.		USUAL RESIDENCE (Where deceased lived, if institutions, Residence befare 13c, CITY OR TOWN 13d, INSUE CITY UMITS? 13e, STREET AND NUMBER 13b, COUNTY CCC CONOWING YES NO PROPERTY NO PROPE	Zora Rd.
ø, .	INER: This certificate shauld be executed within 24 haurs a e certificate, writing the word "pending" in pencil in Item 18 should be farwarded to the Chief Medical Examiner's Office of files.  3 should be used as a burial-transit permit. File pages I and 2 witation, ar removal, and in any event within 72 haurs after deconstraints.	14.	EATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	24 hin Iterir s Ol	(	reorge Jones Harriet	Rroan
	thin 24 mail in miner's pages haurs			n1 1
	This certificate shauld be executed within icate, writing the word "pending" in pencil be farwarded ta the Chief Medical Examine is be used as a burial-transit permit. File pagar removal, and in any event within 72 hau	6	WAS DECEASED EVER'N U.S. ARMED FORCES? (es, no, ordination) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT FINAL TONES CONO will	nga 111d.
	in I Ex		IR CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	cute ng" dical		1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ArterCostlentic Cardiovascular Disease	Tink
	Med med not v		4129 DUE TO, OR AS A CONSEQUENCE OF	
	"pe "pe inef insid		Conditions, if only, which gove rise to immediate couse (a), (b)	
	ord ord e Ct II-tro		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	sha w e w in th in c		last. (c)	
	ate shauld be executed g the word "pending" in ed ta the Chief Medical Es a burial-transit permit. Fand in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	ifica ting irde al, as	×	(42)/	
	wri wri Irwo Ised	18	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	This certific ficate, writin be farward d be used a ar removal,	CERTIFICATION		YES NO
	VER: This certificate shauld be executed wit certificate, writing the word "pending" in penould be farwarded ta the Chief Medical Exarles. Should be used as a burial-transit permit. File tian, ar removal, and in any event within 72		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 1 21b. TIME OF INJURY Manth, Day, Year POINT OR CONTRIBUTING 1 HOUR A.M.	t 1B.)
	cer cer cer les. sho sho tian	MEDICAL	CAUSE OF DEATH P.M. 19	
		×	21d. INJURY OCCURRED  WHILE NOT WHILE 121e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)  21f. LOCATION Street ar R.F.D. No. City or Town	Caunty State
	DEPUTY DICAL EXAM sessary, please execute the funeral directar. Page 4 may be retained far your FUNERAL DIRECTOR: Page salth priar to burial, crem		AT WORK AT WORK	
	AL Necessary Port of the formal reports of t		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection, Inquiry,	
	Se e se e ctor ctor need need bu bu		death resulted fram: Natural causes 🖳 Accident 🗍, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
	direct direct direct retaine DIREC		ACTUAL CHIEF MEDICAL EXAMINER C	
	ry, please eral director be retained RAL DIRECT prior to bu		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE 3N	GNED -67
	EPUTY SSary, F funeral ay be r NNERAL		EXAMINER'S NAME (Type)  Jahn Musyens, Mass, Address (Street, city, town, or county)  EXAMINER'S ADDRESS (Street, city, town, or county)	A MJ
	necessary, the funera 5 may be 10 FUNERA Health pr	00	(1)	con, la
	0 = = 2 0 H	230	13. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City or Town) (CONOWINGO)	(State)
		74	AUDRESS MAI 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIG	SNATURE
	VR A15ME (5)	1	Emone Il Stedlen KISING SUN, 16, DATE OCT 2 2 1968 Schoon	10.0000
	10M REV. 1/68	V	Julie Out & & 1000 general	CA June

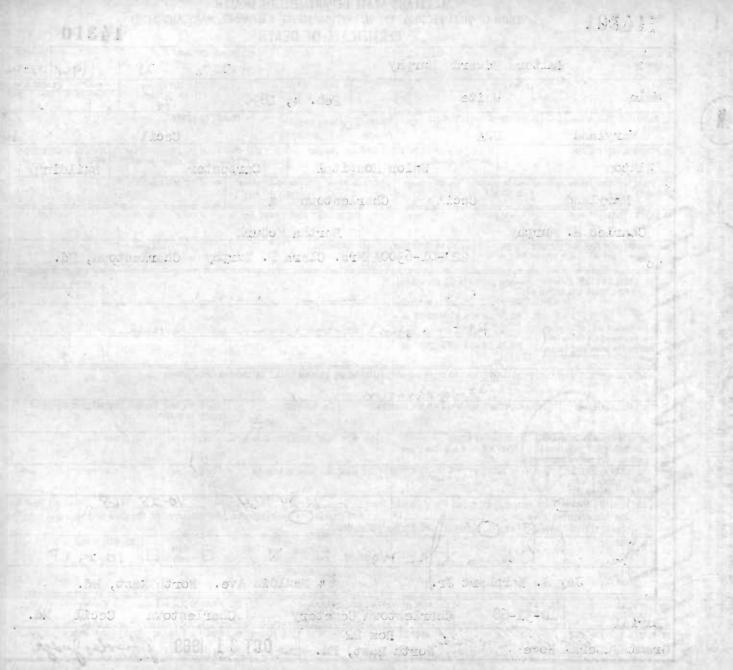
SORE! - CONTRACTOR OF THE PROPERTY OF THE PROP Commence of the contract of th THE RESERVE TO BE SHOULD BE TOO BE SHOULD BE TOO BE SHOULD BE SHOULD BE TOO BE SHOULD BE SHOULD

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14307 14298 CERTIFICATE OF DEATH First Middle Lost DECEASED-NAME 20. DATE OF DEATH 2b. HOUR within 24 hours after deoth deoth eral (Type or print) Month E. Leak Henry 1968 3. SEX 4. RACE S. DATE OF BIRTH -IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years OAYS lost birthdoy) HOURS Male White Oct.18 1910 57 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Country) Delaware U.S.A. WIDOWED [ DIVORCED Cecil 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH inpostry of Delaware give street oddress) during most of working life, even if retired.) Elkton Union 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before buriol, cremation, or removol, and in any event 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER the death certificate be executed odmission state and 13b. COUNTY ecil YES NO Elkton Locust Lane IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Middle Leak Mabel Henry Jordon physician nen please 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) Mrs. Elizabeth 218-07-3049 C. Leak. Elkton 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY permit. Arteriosclerofic Heart Disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove the signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detoched for use os the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO TH 4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work ot work 22a. I certify that (1) (this haspital) attended the deceosed from 10-5-, 1968, to 10-5-, 1968, that (1) (we) last saw the deceased glive on 19 5 and that in (my) (our) apinian death accurred on the date and hour and from the director, page 3 should should be filed with the couses stated obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote) 23o. BURIAL, CREMATION 0/11/68 Elkton Cemetery Elkton. Md. 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 Funerals, Elkton, Md. DATE OCT 1968 30M REV. for

return of the common of populations and the first of 14308 you is the state of the state of the state of the state of A CONTRACTOR OF THE STATE OF TH MAN SHOULD BE SH 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14309 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT' 1. DECEASED-NAME First Middle 2b. HOUR 2a. DATE KNOWN Month (Type or Print) ESTIlay is 3 to Page LAWRINCE E.J. MOORMAN, JR. DEATH MATED TOCK. 19684:20 IF LINDER 24 HRS. IF UNDER I YEAR 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. F Male Negro 40 19 684:20M 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED I DIVORCED [ Cecil 11. NAME DF HDSPITAL OR INSTITUTION (If nat in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) Union Hospital 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER pages 1 and 2 with 1/3b. COUNTY Bristol YES NO 5622 Fleeturing Drive Middle Lost IS. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME First MOORAN farwarded to the Chief Medical Examiner's 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** LAWRENCE AMOORAIY 163-22-4153 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY Craniocerbral Injuries IMMEDIATE CAUSE (a)\_ any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if ony, which gave rise to immediate cause (o), writing the ward certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO shauld be 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING 3:50xx 10→23→ 19 68 Passenger in auto struck by tractor trailer CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State J.F.K. Highway M.D. Cecil Street 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry , and in my apinian Natural causes , Accident x. Suicide . Undetermined manner Hamicide death resulted fram: CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER October 23,1968 Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY DR CREMATORY 23d, LOCATION (City or Town) (County) SMITH TON WESTMORELAND. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2g. DATE KNOWN (Type or Print) ESTI-WEW Page 10 DEATH MATED deloy and 3 3 SEX 4 RACE 5. DATE OF BIRTH AGE (in years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR pup PM3. 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH form WIDOWED I DIVORCED [ Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired. poges land 2 with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY 402 Eart Cet YES NO NO within 24 hours 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Lost First Wens Kobent 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS Mrs. Donis Reynolds North be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cerebro-Vascu IMMEDIATE CAUSE (a) d event DUE TO, OR AS A CONSEQUENCE OF buriol-transit teriosclerosis, generalized Conditions, if any, which gave rise ta immediate cause (a). Word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .u PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Trochantem'd nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES . pe 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING & HOUR A.M. out of Ded atn 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. FUNERAL DIRECTOR: Page factory, office building, etc.) North B pleose execute 220. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry V Inspection 1 ond in my opinion death resulted from: Notural causes Accident Suicide may be retoined Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER 5 may ro FUNE Heolth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Low 23a. BURIAL, CREMATION REMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 9 1968

The treat type and the second of the second THE REST OF BUILDING STATES OF THE same of the first of the same of the s

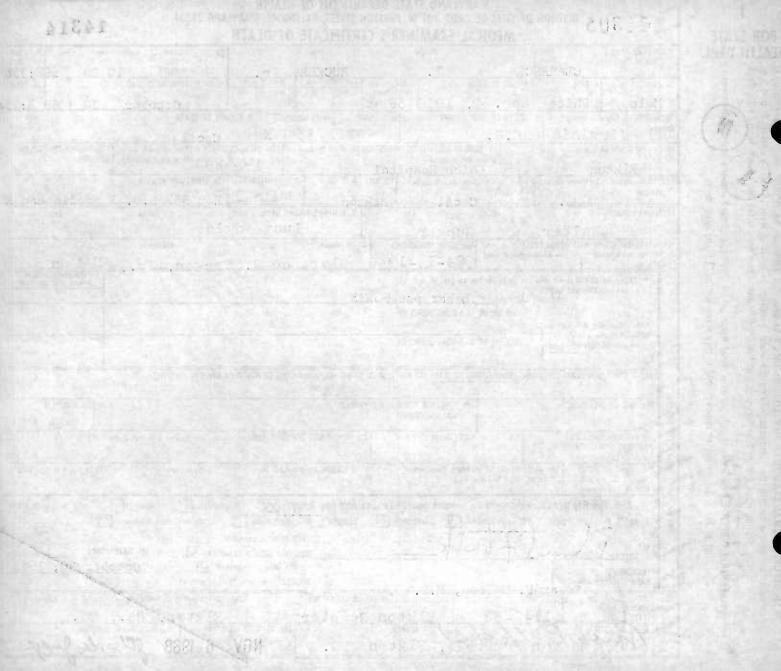
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14303 14312 CERTIFICATE OF DEATH death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Cecil within 24 haurs after MARYLAND ages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Life Rural Chesapeake. City Kampletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS pap hin F. D.# 2. Box 88 Union Hospital Cecil County YES NO 3 NAME OF remave carbon event, with First Middle Lost 4. DATE Month Doy Year DECEASED Sadie E Perkins 10 19 68 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years 7. MARRIED lost birthdoy) Months Dovs Hours and in any Female Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S.A. be during most of working life, even if retired)
Housewife INDUSTRY Cecil , Maryland requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval. James Brooks Mary Warrick 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) lliam Perkins (Husband) Same none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY 1 ONSET AND DEATH MMEDIATE CAUSE (o) Cerebral Hemorrhage Conditions, if ony, which gove (b) Hypertension, Chronic Pyelonephritis 8-Months rise to immediate couse (o), DUE TO as the stating the underlying couse Page 4 may be retained by the haspital ar attending has been 2-Years ( Cardiac with Coronary Ischemia Diabetes. 19. WAS AUTOPSY
PEREORMED?
YES A NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached far use State Dept. of Health TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) foctory, street, office bldg., etc.) Not While of work ot work . 19 Othat (I) (A) last 1968\_ to 10/29 21. I certify that (I) (this haspital) attended the deceased fram\_ directar, page 3 shauld should be filed with the 1968, and that death accurred at \$ 142 M, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 10/29/68 M.D. 22d\_ADDRESS PHYSICIAN'S High Street, Elkton, Md. Johnson M.D. NAME (Type) Tames 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) BEMOYAL (Specify) Bohemia Manor Bohemia Manor Md. 11/3/68 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marley Judge 196B Edward R. Bell 909 Poplar St.

19312 The state of the same of the state of the st and the second of

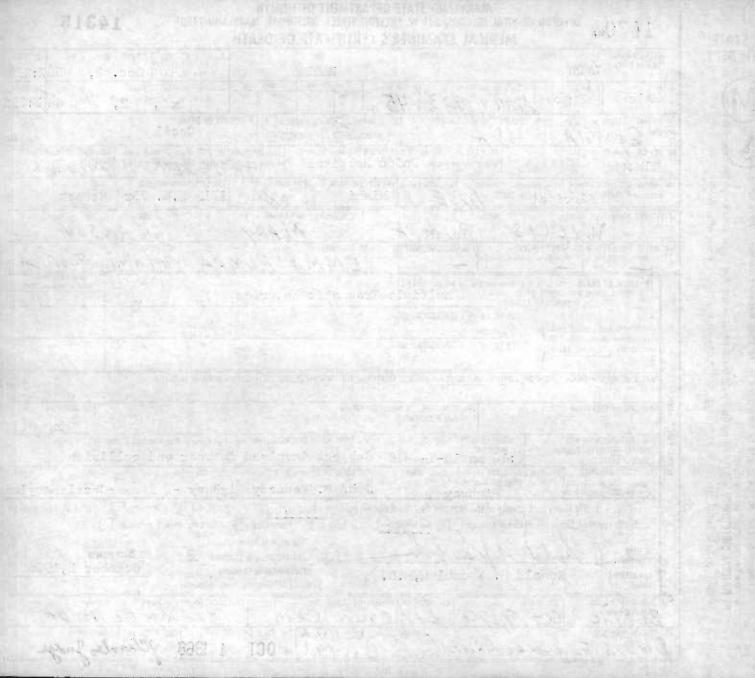
11 8001 , 1 1000 11		RESUR . TOP	The state of the s
in the latest terms of the	To see 4 and the	\$ 1 in	e, [ = 1
Libout	**		dasU
io Vinesl Steed:	វិការ	R. Perry Loi	Perry John, 1
har norden			TETO INC. AV
	AST BY		Amed youl
Vill, Perry Point, ad.	, abadosa IV 3	11 235 26 50	1.91
ten communication	572	singro otro	
		es to alline of sp	
1.0-6- 63 x		-8-ui -8-ui	XX
84-1-01 -7		מתמכיר של של מי בלט	
ol, Forny Polat, Mi.	JanuarV	rection, E.D.	
hatrimore harvish			Jevenu.
		and the second s	

14303 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Year 2b. HOUR (Type or Print) ESTI-Page 0 CLARENCE 19 688:35% RUCKER DEATH MATED 2, and 3 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. last birthday) Month October 30 19 68 8:3% White Male pr. 4 56 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Virginia WIDOWED [ DIVORCED TY U.S. Roges Ceci1 death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) **INDUSTRY** SIVE Elkton Union Hospital ofter 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER LOB. COUNTY odmission) STATE YES NO Box 387 R.D. 5 Nottingham Ro within 24 hours Office/ 1 and 2 in Item 1 ofter 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Lucy Adkins Walter Rucker should be forwarded to the Chief Medical Exominer's pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no. or unknown) 224-14-1846 Clarence J. Rucker File In .⊆ APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (6) Lobar pneumonia DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave certificote should be rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= removol, ond PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🔜 NO T 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy XX Inspection . Inquiry and in my apinian death resulted from: Naturol couses Accident , Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE October 30, 1968 DEPUTY MEDICAL EXAMINER TO FUN Health **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) EdwardF. Wilson, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (State) REMOVAL (Specify) Elkton Cemetery Elkton. Ce., Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Elkton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

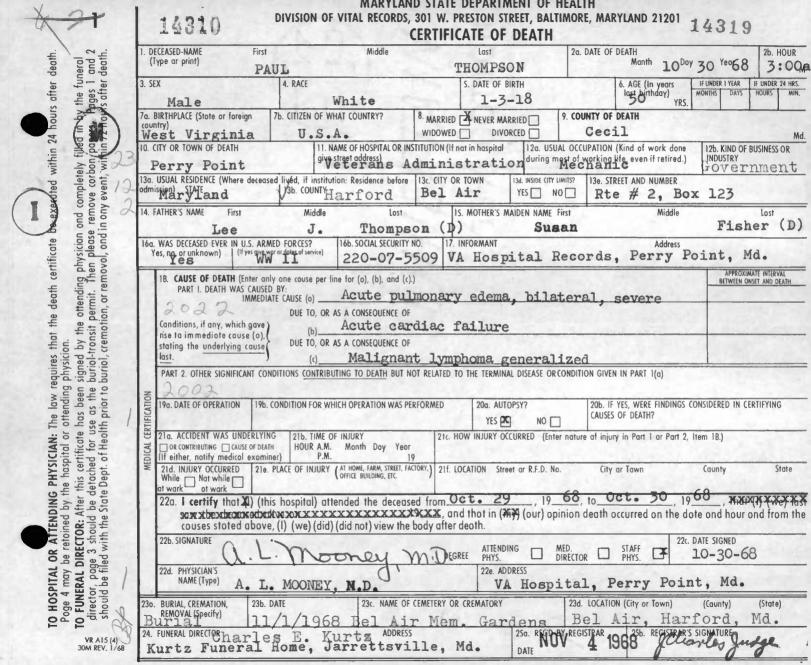


6	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE		1430 Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201  1430 Thems MEDICAL EXAMINER'S CERTIFICATE OF DEATH	316
FOR STATE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. (	DECEASED-NAME First Ce Middle Jg) Lost Lost 20. DATE KNOWNER Month D OF ESTI- DEATH MATERIAL LOST DESTINATION LOST DESTINATIO	Yeor 2b. HOUR
y is 3 to age	-	////// Delpp   DEATH MAILE	23 1965 34. M
deloy and 3. Pag. 3. Pag. ment	3. 5	last birthdow) MONTHS DAYS HOURS MIN	Yeor 2d HOUR
ny deloy is 2, and 3 to n PM3. Page	7.	TRJ.	1968 A M
-E 6 M		BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	57
tate tate	10.	8/1/	2b. KIND OF BUSINESS OR
fter death Sive Poges 1, and with farm ith the State-Death of the Stat		Elton give street oddress) Union Hosp, during most of working life, even if retired.) IN	DUSTRY CAE
with the deoth.	130.	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
		dmission) STATE Ta 1866. COUNTY Buck Bristol YES 1870 1331 Colon	ial Ave.
2 0	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
2. 5. 5 5	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	HNSGIY
ithin encil min pog		(es, no. or unknown) (If yes give war or dates af service) ————————————————————————————————————	RISTOI PA
xecuted wir nding" in pe Medicol Exar permit. File it within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
urtec g'' i icol icol withi		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xec ndin Med per		MMEDIATE CAUSE (o) Traceros Strates Compound, Due To, or as a consequence of	- mmee
pe e per per per per per per per per per pe		Conditions, if ony, which gove	
Chi Chi		rise to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
This certificote should be executed within cate, writing the word "pending" in pencil be forwarded to the Chief Medicol Examine I be used os o burial-transit permit. File pogor remaval, ond in any event within 72 hou		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the state of the properties of		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
fico ting rdec os al, o	z	8161	
wri rwa rwa sed	ATIO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
INER: This certificate, writs should be forwar files. 3 should be used nation, or remaya	CERTIFICATION	WAS PERFORMED?	YES NO D
d by or	E CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M.	18.)
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH 3:58 P.M. 10-23 19 68 1435 ENGER IN CAP STRUCK IN CAP	or by truck
MIN the tr fir fir fir fir fir fir fir fir fir fi	W	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No.  City or Town  City or Town  City or Town  City or Town	County Stote
y, please execute the certificate, writing the red director. Page 4 should be forwarded to be retoined far your files.  AL DIRECTOR: Page 3 should be used as a brior to burial, cremation, or remayal, and		AT WORK AT WOR	7
AL OR:		220. I certify that I taak charge of the remains described obove, held an Autopsy, Inspection, Inquiry,	and in my opinion
Se e con cronned ECT ECT but	R	death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner	
directoire DIR	M	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
YY, Fyrall Period		SIGNATURE	iNED クートラ
Ssar fune by b		EXAMINER'S NAME (Type) Jahn M. Byers, M.D. ADDRESS(Street, city, town, or county)	-23-60
TO DEPUTY SICAL EXAMINER: This certificate should be executed within 2 necessary, please execute the certificate, writing the word "pending" in pencil if the funeral director. Page 4 should be forwarded to the Chief Medicol Examiner 5 may be retained far your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page: Health prior to burial, cremation, or remayal, and in any event within 72 hour	220	-70	con, rus.
F	2	REMOVAL(Specify) 10-28-68 NT. PLRASATT SLYVANIA.	ounty) (Stote)
		FUNERAL DIRECTOR ADDRESS 1/6 + REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
VR A15ME (5) 10M REV. 1/68	PI	PPIN FUNERM HARE Shall the Wild DATE OCT 28 1968 golians	es Judge
			-

16316 AT ELECTRICAL MANAGEMENTS. THE RESERVE AND ASSESSMENT OF THE PARTY OF T Service of the servic A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY O Exemple of the second of the s 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14308 CERTIFICATE OF DEATH 14317 death eral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Cecil Ceci haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Life Elkton filled in I ve carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? requires that the death certificate be executed within 24 Union Hospital R. D. # Box 86 YES NO TX NAME OF Middle 4. DATE Year campletely DECEASED Talbot Helen 10/2 68 Type or print! 19 DEATH SEX 6. COLOR OR RACE IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (in veors IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED birthdoy) 2/18/04 Months Dovs Hours Female Negro WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working the; even if retired)
HOUSEWIFE INDUSTRY UCOUNTRY? , Maryland and attending physicia permit. Then plea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal James Brooks Lula Richardson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, to, or unknown) (If yes give wor or dotes of service permit. Ernest Talbot R.D.3 Elkton None signed by the c burial-transit pe INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Diabetic coma IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUE TO burial, Conditions, if ony, which gove Epileptic seizure 4 hours (b) rise to immediate couse (a) DUE TO stoting the underlying couse has been etached far use as the Dept. of Health prior ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While State TO FUNERAL DIRECTOR: After ot work L 21. I certify that (I) (this haspital) attended the deceased from saw the deceased glive on 2/3 0/60 19 and the \_ that (1) (we) last be retained directar, page 3 shauld shauld be filed with the and that death accurred at 1:2M, fram causes and on the date stoted above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** 10/4/68 DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS James Johnson High St. NAME (Type 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) TO/5/68 Cemeterv Cedar Hill Buria 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 141 20 M 1X66 1968 Poplar St. Wilm. De

\$1891				
			English fr	
	and the second		The state of the state of	Ne Ne
	17 x00 ( 5 10 12 1		fartusol seigh	
	VOI Feet Feet Co			
			otype elemen	37
	he Every, Ainso			* * **
	Secretario I a Esta		a Month Same	
		de di Radia		
		er limit so		
		er i 1900 per a visita i		
White a my h	Superior (et al. or hour), in the first	No. View		120
127 KV 3 E	TO THE THE PART SWITTER		7	
38		moundayinaka	11, 20 - 11, 11	
the state of the		SANDER SERVICE	Time I Sharping As	



14319			ит доложе ил v	A S		
01: 180 OF 01		The Line		41		
		ing mg	a dia avilli		3110	
	III III III			. U. a. Maria	ARTIN TONIE	6
		PROLID SOLL	da enement			
, no. 2	N 629		al Jayares		and Arrived	
UV Caralla	mann.	A TEXAS	figure out of the		l/a	
.BK ,341.12	Lettoria, Pu	AT LONG TO S	088-90-035	TI TA	ans I	
			e Iry odpas 1825 – Janes 1825 – Janes			
		X.				
Marketon (6)	.20 9 66 1	APPLICATION S		Sattered, the	OR APA	
38-05-01		The seal		\$11.40 h		
	erroit, Looke			was it is		
AND AND ASSESSED.	eser j. Vou	reteration in the second se	ing i	A Line		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14320 14311 CERTIFICATE OF DEATH funerol 1 ond 2 er death. 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I. PLACE OF DEATH b. COUNTY o. STATE o COUNTY Maryland MARYLAND Cecil b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Life Elkton Elkton e IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) filled Union Hospital Of Cecil County East High Street YES NO TO Dod within Middle Last 4. DATE Month Day Year 3. NAME OF First en please remove carban DECEASED James 28 68 Edward Washington 10 19 DEATH and in ony event, (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years SEX 6. COLOR OR RACE NEVER MARRIED X 8. DATE OF BIRTH 7. MARRIED Months Haurs last birthday) Davs 9/16/1901 Male DIVORCED WIDOWED Negro and 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 1Da. USUAL OCCUPATION (Give kind af wark dane The law requires that the death certificate be COUNTRY ? during most of warking life, even if retired)
Laborer MULISTRY Maryland Cecil .S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Lillian Longer Harvey Washington ottending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address buriol-transit permit. Unknown Mrs. Catherine Reed (Sister) Same crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Subdural Hemorrhage IMMEDIATE CAUSE (o) þ DUF TO signed l buriol. 1- Day Canditians, if ony, which gave A Fall rise to immediate cause (a), DUE TO stating the underlying couse be retoined by the hospital or attending Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been prior to for use os the Hypertension Months 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) with the Stote Dept. of Heolth YES X NO OR ATTENDING PHYSICIAN: 2Do. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 at wark at wark 10/28/ 1966 that (1) (WEX)ast 21. I certify that (1) (this haspital) attended the deceased fram //12/ , 19 60, ta 19 68, and that death accurred at 5:10M, fram causes and an the date stated above should saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATUR MED. DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIANS High St. Elkton Cecil Md. HAME (Type) James ohnson M.D. director, should b 23d. LOCATION (City or Town) 23a. BURIAY, CREMATION, BURIAY (Specify) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE THEREOF Elkton, Maryland Providence Cem. 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 R. Bell Milanela DATE NOV 1968 909 Poplar St.

930 701

1		14312	DIVISION OF	VITAL RECORDS,	301 W. PRI			RE, MARYL	AND 21201	4321	
ooth.		CEASED-NAME First		Middle		Last		DATE OF DEA	Month Day	Year 1968	2b. HOUR
uted within 24 hours after deoth impletely filled in by the Toperol or carbon papers. Page 1 old 2 event, within 72 hours are death	3. \$1	X	4. RACE Whit		5	atson DATE OF BIRTI		1 10	AGE (In years list birthdoy) 75 YRS.		IF UNDER 24 HRS. HOURS MIN
24 hours d in by 72 hours 72 hours	7o. I	Male BIRTHPLACE (State or foreign try) Virginia	7b. CITIZEN OF WHA		1 86	NEVER MARRIE	9. <b>CO</b>	UNTY OF DEA	TH		n.i
uted within 24 houndless to carbon papers.	10. (	ITY OR TOWN OF DEATH Elkton	III NAI	ME OF HOSPITAL OR IN: reet oddress)	STITUTION (If not		12a. USUAL OCC	UPATION (Kin	d of work done even if retired.)	12b. KIND OF B INDUSTRY Farm	
	13o. adm	USUAL RESIDENCE (Where deceding ission) STATE Mary I and	sed lived, if institution	n: Residence befare	North		I. INSIDE CITY LIMITS?	13e. STREET	AND NUMBER E. Jeth		th Little
can one con ond cond in any		TATHER'S NAME First Dallas	Middle	lost Watson	15.	MOTHER'S MAID	EN NAME First Dolly		Middle	Dona	Lost 1d
physican physican en pleds	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY		ormant	sie H.	Wats	Address		t. Md.
requires thot the deoth certificote g physician. n signed by the ottending physicial burial-transit permit. Then pled burial, cremation, or removal, on		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMED	ATE CAUSE (o)	- CANO	lisVa	scula	n Fa	ilu	re	APPROXIM.	ATE INTERVAL SET AND DEATH
that the an. by the of ransit pe		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause	(b)	A CONSEQUENCE OF  A CONSEQUENCE OF	4-6-1	Ble	mal s	If u	sur!	ores	1 mont
equires thot tl physician. signed by the buriol, cremat		PART 2. OTHER SIGNIFICANT CO	(c) (c) (	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL D	DISEASE OR CONDIT	- / - /	PART I(a)	) Je	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificote has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to buriol, cre	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICE	TH OPERATION WAS PE	English	20a. AUTOPS	Y? NO []	20b. IF YES, CAUSES OF	WERE FINDINGS C DEATH?	ONSIDERED IN CEI	RTIFYING
PHYSICIAN: e hospital or his certificote stached for u Dept. of Heal	MEDICAL CER	21a. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	HOUR A.M. P.M.	Manth Doy Year	9				Part 1 or Port 2,	1 100	
G PHYSIC the hospi this certi detached	×	ot work at work	. PLACE OF INJURY (					City or T		Caunty	State
OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certificage 3 should be detached for ed with the State Dept. of He		22a. I certify that (I) (the sow the deceased couses stated above	nis haspital) atte alive an e, (I) (we) (did) (	nded the deceas did fat) view the	ed fram 19.68, and bady after de	thot in (my) eath.	9 , 19 68 (our) opinion	, ta <u>/0</u> deoth occu	- 2.5 , 19 irred an the do	_68_ , that ate and hour a	(I) (we) last and from the
be refo DIRECTO		22b. SIGNATURE	istel	ura	MD DEGREE		DIRECTO	OR ST.	AFF 22c.	DATE SIGNED 10-26	-68
10 HOSPITAL Page 4 may O FUNERAL director, pag should be fill	00	22d. PHYSICIAN'S NAME (Type) U   S			CEMETERY OR C		EICE		VE., NOR		, Md
TO HOS			DATE 0/29/68.		os Cem	eterv	Sa. REGID BY REG	Fair		(County)  Md	(State)
VR A15 (4) 30M REV. 1/68	24.	- Jacke	for Fund	- 1/ - /	lkton,		DATE NOV NEC	1 196		wes Jus	ye

ARIED VIAIL ENLUADIBALRII (IL

IRRAT VSN

\$ 1		14313 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14322 CERTIFICATE OF DEATH
- 25	1. D	FCEASED-NAME First Middle Last 2a, DATE OF DEATH 2b, HOUR
death.		Type or print) FLOUD GLEN WEED 10 Month 3 Day 68 Year 8:45%
after a state of the state of t	3. 5	
s. S. S. S. Andrews	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
n 24 hay Hed in papers.	cou	MINNED DIVORCED CECIL MA
within 24 in the in 72 within 72	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most af warking life, even if cetired.)  12b. KIND OF BUSINESS OR during most af warking life, even if cetired.)
大	E	1 LKTON give street oddress) DEL. AVE. during most of working life_even if retired.) INDUSTRY RAILWAY
pletely with		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before listin) STATE NP. 13b. COUNTY CECIL ELATORY YES NO   13c. STREET AND NUMBER   13c. STREET AND NUMBE
and can remove	/_	
and and in an	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost BROWN
ate bo	160	WEED ELLA BROWN  WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address
ertificate b physician nen please noval, and i		(es, no or unknown) (If yes give war or dates of service)  ILA D. BUCHANAN ELKTONME
at the death cer the attending p nsit permit. The matian, ar remo	П	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death attendir permit. ian, ar re	18	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart Falling Vulnorang Educa 2 Yhrs
he d peri		4/29 DUE TO, OR AS A CONSEQUENCE OF,
the the nsit		Canditions, if ony, which gave rise to immediate couse (a). (b) Central Scherottic Leart Drivers 144.
equires that the death certificate be executed values by signed by the attending physician and canaplete buriol-transit permit. Then please remove Carburiol, crematian, ar removal, and in any event,		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)
phy phy sign buri	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
e law re tending is been as the prior to	No	4200
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execupage 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and candirectar, page 3 shauld be detached for use as the buriol-transit permit. Then please removes shauld be filed with the State Dept. af Health prior to buriol, crematian, ar removal, and in any expenses.	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO CAUSES OF DEATH?
AN: The all ar afficate ha for use Health p		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
Pital Pita Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital P	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
G PHYSICIAI the hospital this certific detached fo	W	21d. INJURY OCCURRED While Not while at work at work at work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. No. City or Town County State
NG NG the ter the de		1220. I certify that (I) (this hospital) attended the deceased from 1/10 1988, to 1968, that (I) (we) loss
OR ATTENDIN be retained by JIRECTOR: Affei e 3 shauld be ed with the Star	L	saw the deceased alive on 19 s, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did not) view the bady after death.
Short short	1	226. SIGNATURE ATTENDING ATTENDING STAFF 22c. DATE SIGNED
OR be Jed 3		DEGREE PHYS. LI DIRECTOR LI PHYS. LI
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospit TO FUNERAL DIRECTOR: After this certif director, page 3 should be detached ishauld be filed with the State Dept. af		22d. PHYSUCIANS MAME (TYDE) 295 EPH 5. LANZI ELKTON MEDICAL PORK, ELKTON.
O HOS Page 4 O FUN directo	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 p 4	1	REMOVAL (Specify) 10-7-68 TON PARCOLATE CONCEPTION CHERRY HILL CECIL MD.
VR A15 (4) 30M REV. 168	24.	FUNERAL DIRECTOR 3 Closed ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  PRINT FUNERAL HOME ELERN OID DATE OCT 7 1968 Clientes Judge.
SUM REV. 108	11	IPPIN FUNERAL HOME ELKTON MD. DATE OCT 7 1968 Schooles Judge.

VIANII VIAIL IILUADIMENI IIL MEAIIM

SEE VIEW COLORS AND SEED OF SE 1 14 - 4 MARKET TO SEE STATE TO SEE STATE OF THE SECOND SECO 

14314				14323
I. DECEASED-NAME (Type or print)  A1	CERTIFICATE OF DEATH    Arthur   C.   Wesley   2a. Date of Death	2b. HOUR 2b. HOUR 11:35P		
3. SEX Male		S. DATE OF BIRTH 12/14/86	6. AGE (In years last birthday) 81 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (State or forei		8. MARRIED NEVER MARRIED DIVORCED DIVORCED		Cecil Md.
10. CITY OR TOWN OF DEATH Elkton	11. NAME OF HOSPITAL OR INST give street oddress) Union Hosp	of Cecil Co. 12a. U	ISUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
7 admission) STATE Mary:	land 13b. COUNTY Cecil	Elkton YES	NO□ 122 Collins	Street
				Waters
160. WAS DECEASED EVER IN U Yes, no, of unknown) (If	yes give war or dates of service)		Address a Wesley I22 Co	Elkton Md. ollins St. APPROXIMATE INTERVAL
Canditions, if ony, which rise to immediate caus stoting the underlying last.  PART 2. OTHER SIGNIFICATION AND ADMINISTRATION ADMI	DUE TO, OR AS A CONSEQUENCE OF  (b) (JOIN HA)  COUSE  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  AN em (A) CARE A A	TRELATED TO THE TERMINAL DISEASE  ANT CALOS C	OR CONDITION GIVEN IN PART 1(0) LENOS S SENIC	1 MONTS.
2 E 21a. ACCIDENT WAS UNI	DERLYING 21b. TIME OF INJURY SFOR DEATH HOUR A.M. Month Day Year	YES NO	CAUSES OF DEATH?	
21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	,		Caunty Stote
couses stated 22b. SIGNATURE	obove, (1) (we):(did);(did nat) view the b	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	ote ond hour ond from the  DATE SIGNED  10   5   6
23a. BURIAL, CREMATION, REMOVAL (Specify)		emetery or crematory in Cemetery	23d. LOCATION (City or Town) Cedar Hill	(County) (Stote) Md.

And Service Services of Servic			Nation.			
Total Control	:					
TOTAL CONTROL OF CONTR						
		Eps.)				
			ment co. Lister	no . mail no mi	united the second	
					Linu =	
		Mistro FAI bears				
	tu:		red .	A SHIPLE OF		
				CONTRACTOR OF THE STREET		
		一点一点。有个				
					• •	
		Chaire	e			

à

MARYLAND STATE DEPARTMENT OF HEALTH

